

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037350

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 205

FILED SEP 24 1962

VS 300
Rev. 4/59

1 1007

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SIKESTON</u>		c. CITY OR TOWN <u>SIKESTON</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Delta Community</u>		d. STREET ADDRESS (If outside, give location) <u>Rte 2</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>VIRGIL VICTOR SHANKS</u>		4. DATE OF DEATH Month Day Year <u>9 15 1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-15-1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WOOD WORKER</u>	11. BIRTHPLACE (City and state or country) <u>NEW MADRID Co. Mo.</u>
13a. FATHER'S NAME <u>MONROE SHANKS (J)</u>		13b. MOTHER'S MAIDEN NAME <u>ALVA MIFLIN (J)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>MRS. ALMA SHANKS, SIKESTON, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO (b) <u>Arterio nephrosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>Days</u> <u>Unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Rib fractures, A.S.H.D., Congestive Heart Failure, Hypertension, Diabetes</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) <u>Vehicle accident</u>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>9-16-62</u>	
22a. SIGNATURE <u>Thomas Waltrip, MD.</u>		22b. ADDRESS <u>Siikeston, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23c. NAME OF CEMETERY OR CREMATORY <u>GARDEN OF MEMORIES</u>	
23b. DATE <u>9-17-1962</u>		23d. LOCATION (City, town, or county) <u>SIKESTON, Mo.</u>	
24. FUNERAL DIRECTOR <u>James H. Nunnelle</u>		25. DATE RECD. BY LOCAL REG. <u>9-18-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Janette Waldman</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 26 1962

SEP 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward E. J. J. J. J.

Licensed Embalmer No. 4164

P. O. Address Shelton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit received Sept 15 - 1962